

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024165

3504

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 32 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Beneath Lower Level of 12th St. Viaduct, 800 West 12th.		d. STREET ADDRESS (If outside, give location) 206 1/2 West 12th. St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) JESSE O'DELL BENNETT			4. DATE OF DEATH Month 6 Day 22 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-23-22	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Green Jewelry Co. Moscow, Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wesley Bennett		13b. MOTHER'S MAIDEN NAME Ethel Davis		14. NAME OF HUSBAND OR WIFE Wilma Dean Rose Bennett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W 2		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Wilma Dean Bennett Address K.C., Mo. 906 Benton Bl	

18. CAUSE OF DEATH (Enter only one cause, per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fr Armus Legs & Pelvis & Jaw		INTERVAL BETWEEN ONSET AND DEATH vd	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Jumped from 12th Viaduct	
20c. TIME OF INJURY Hour 7-22 Month, Day, Year 6-26-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> About 120 ft to Pavement		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Viaduct	20f. CITY, TOWN, OR LOCATION Kans City Jackson Mo		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 3:10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Hugh H. Owens	(Degree or title) M.D. Coroner	22b. ADDRESS 152 Union Station-K.C., Mo.	22c. DATE SIGNED 6-24-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-26-63	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES(S) K.C., MO.		25. DATE RECD. BY LOCAL REG. 6-24-63	26. REGISTRAR'S SIGNATURE Pruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	suicide.
23128	then
3	suicide
4	0
5	1
6	
7	1
8	2
9	978X
10	
11	
12	1291-0
13	

BY AFFIDAVIT OF Coroner Hugh H. Owens

MEDICAL CERTIFICATION

20a. Suicide

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

 , Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Jack E. Moore

Licensed Embalmer No. 4729

P. O. Address Trimble, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.